

PATENT APPLICATION SERIAL NO. 10/009931

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/21/2001 ATRAN1 00000069 060308 10009931

01 FC:970 30.00 CH 860.00 OP

Adjustment date: 09/03/2002 PVOLPE

12/21/2001 ATRAN1 00000069 060308 10009931

01 FC:970 30.00 CR -860.00 OP

09/03/2002 PVOLPE 00000025 10009931

01 FC:971 445.00 OP

Refund Ref:

09/03/2002 PVOLPE 0000120377

CHECK Refund Total: \$415.00

PTO-1556
(5/87)

*U.S. GPO: 2000-468-987/39595

9/14/02
COMPLETED

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>9/3/02</u>		2 Serial/Patent # <u>10/009,931</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing			\$								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<input type="checkbox"/> No Fee Due (Explanation):												
<i>S. Entity Status approved</i>												
11 REFUND REQUESTED BY: <u>Applicant</u>												
TYPED/PRINTED NAME: <u>PATRICIA VOLPE</u>		TITLE: <u>Paralegal</u>										
SIGNATURE: <u><i>P. Volpe</i></u>		PHONE: <u>703/305-7890</u>										
OFFICE: <u>PCT</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u><i>Harvey Phleggis</i></u>		DATE: <u>9/4/02</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: